

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HEALTH CARE PLAN
Legally Exempt Group Child Care Program

PROGRAM NAME:	
NAME OF DIRECTOR:	DATE HEALTH CARE PLAN SUBMITTED TO ENROLLMENT AGENCY: / /
ENROLLMENT ID (CCFS NO.) _____	

Note:

Legally exempt group child care programs applying to administer medications must have a completed health care plan that has been approved by a health care consultant. All sections of this form must be completed, except Appendix J.

Legally exempt group programs applying for the enhanced rate must complete the following sections of this form:

- **Section 3**, Daily Health Checks
- **Section 6**, Emergency Procedures
- **Section 7**, First Aid Kit
- **Appendix H**, to indicate CPR-trained staff

Legally exempt group programs applying to stock non-patient specific epinephrine auto-injectors must complete the following sections of this form:

- **Section 3** Daily Health Checks
- **Section 6** Emergency Procedures
- **Section 7** First Aid Kit
- **Section 8** Program Decision on the Administration of Medication
- **Section 13** Stocking, Handling, Storing and Disposing of Medication
- **Appendix H** to indicate trained staff
- **Appendix J**

The program must follow the health care plan and all child care regulations.

The enrollment agency must review and verify completeness of the health care plan as part of the enrollment process.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Table of Contents

Section 1: Child Health and Immunizations	3
Key criteria for exclusion of children who are ill	3
Section 2: Children with Special Health Care Needs	5
Section 3: Daily Health Checks	6
Section 4: Staff Health Policies	8
Section 5: Infection Control Procedures	8
Section 6: Emergency Procedures	9
Section 7: First Aid Kit	10
Section 8: Program Decision on the Administration of Medication	12
Section 9: Programs that WILL Administer Over-the-Counter Topical Ointments, Lotions and Creams, and Sprays, Including Sunscreen Products and Topically Applied Insect Repellent, and/or Patient specific Epinephrine Auto-Injectors, Diphenhydramine in Combination with the Epinephrine Auto-Injector, Asthma Inhalers and Nebulizers.	13
Section 10: For Programs that WILL Administer Medication	17
Section 11: Trained Administrants	17
Section 12: Forms and Documentation Related to Medication Administration	18
Section 13: Stocking, Handling, Storing, and Disposing of Medication	20
Controlled Substances	20
Expired Medication	21
Medication Disposal	21
Section 14: Medication Errors	22
Section 15: Health Care Consultant Information and Statement	23
Section 16: Confidentiality Statement	24
Section 17: Americans with Disabilities Act (ADA) Statement for Programs	25
Section 18: Enrolled Legally Exempt Group Program Statement	25
Appendix A: Instructions for Doing a Daily Health Check	26
Appendix B: Handwashing	27
Appendix C: Diapering Procedure	28
Appendix D: Safety Precautions Related to Blood	29
Appendix E: Cleaning, Sanitizing and Disinfecting	30
Appendix F: Gloving	32
Appendix G: Medical Emergency	33
Appendix H: Medication Administrants	34
Appendix I: Revisions	37
Appendix J: Administration of Non-Patient Specific Epinephrine Auto-Injector	38

Section 1: Child Health and Immunizations

The program cares for **(check all that apply)**:

- ☐ **Well children**
- ☐ **Mildly ill children** who can participate in the routine program activities with minor accommodations. A child who meets any of the following criteria is defined as “mildly ill”:
- The child has symptoms of a minor childhood illness that does not represent a significant risk of serious infection to other children.
 - The child does not feel well enough to participate comfortably in the usual activities of the program but is able to participate with minor modifications, such as more rest time.
 - The care of the child does not interfere with the care or supervision of the other children.
- ☐ **Moderately ill children** who require the services of a health care professional but have been approved for inclusion by a health care provider to participate in the program. A child who meets any of the following criteria is defined as “moderately ill”:
- The child’s health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.
 - The care of the child interferes with the care of the other children, but the child has been evaluated and approved for inclusion by a health care provider to participate in the program. The child must be removed from the normal routine of the child care program and put in a separate designated area in the program.

NOTE: The definitions above do not include children who are protected under the Americans with Disabilities Act (ADA). Programs must consider each child’s case individually and comply with the requirements of the ADA. For children with special health care needs, see Section 2.

Key criteria for exclusion of children who are ill:

- The child is too ill to participate in program activities. ⚠
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children; ⚠
- An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash; ⚠
- Fever:
 - Temperature above 101°F [38.3°C] orally, or 100°F [37.8°C] or higher taken axillary (armpit) or measured by an equivalent method AND accompanied by behavior change or other signs and symptoms (e.g., *sore throat, rash, vomiting, diarrhea, breathing difficulty, or cough*). ⚠

(exclusion criteria continued on next page)

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
--------------------	--------------	--	--------------

(exclusion criteria continued from previous page)

- Diarrhea:
 - If the diarrhea is causing soiled pants or clothing. ⚠
 - Blood or mucous in the stools not explained by dietary change, medication, or hard stools. ⚠
 - Confirmed medical diagnosis of salmonella, E. coli, or Shigella infection, until cleared by the child's health care provider to return to the program. ⚠
- Vomiting more than two times in the previous 24 hours unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated. ⚠
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness. ⚠
- Mouth sores with drooling unless the child's health care provider states that the child is not infectious. ⚠
- Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return. ⚠
- Streptococcal pharyngitis (*strep throat or other streptococcal infection*), until 24 hours after treatment has started. ⚠
- Head lice, until after the first treatment (*note: exclusion is not necessary before the end of the program day*). ⚠
- Scabies, until treatment has been given. ⚠
- Chickenpox (varicella), until all lesions have dried or crusted (*usually six days after onset of rash*). ⚠
- Rubella, until six days after rash appears. ⚠
- Pertussis, until five days of appropriate antibiotic treatment. ⚠
- Mumps, until five days after onset of parotid gland swelling. ⚠
- Measles, until four days after onset of rash. ⚠
- Hepatitis A virus infection, until the child is approved by the health care provider to return to the program. ⚠
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak. ⚠
- Impetigo, until treatment has been started. ⚠

⚠ Adapted from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition.

Medical Statements and Immunizations

Upon enrollment, any child, except those in kindergarten or a higher grade, in the program will provide a written statement signed by a physician or other authorized individual verifying that the child has received age-appropriate immunizations in accordance with the requirements of New York Public Health Law.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (<i>if applicable</i>):	DATE: / /
--------------------	--------------	---	--------------

The program may provide child care for a child not yet immunized provided the child's immunizations are in process and the caretaker gives specific appointment dates for required immunizations in accordance with the requirements of New York Public Health Law.

Section 2: Children with Special Health Care Needs

Children with special health care needs means children who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who require health and related services of a type or amount beyond that required by children generally.

- Any child identified as a child with special health care needs will have a written Individual Health Care Plan that will provide all information needed to safely care for the child. This plan will be developed with the child's parent and health care provider.
- Any child with a known allergy will have a written Individual Allergy and Anaphylaxis Emergency Plan attached to the Individual Health Care Plan that includes clear instructions of action when an allergic reaction occurs. Additionally, upon enrollment into the child care program, the parent/caretaker will complete form **OCFS-LDSS-0792, Day Care Enrollment (Blue Card)*** or an approved equivalent that will include information regarding the child's known or suspected allergies. This documentation will be reviewed and updated at least annually or more frequently as needed.
- The program may be required, as a reasonable accommodation under the Americans with Disabilities Act, to obtain approval to administer medication if the child needs medication or medical treatment during program hours.

The program may use (check all that apply; at least one **MUST** be selected):

- ☐ OCFS form: **OCFS-LDSS-7006**,* *Individual Health Care Plan for a Child with Special Health Care Needs*
- ☐ Other: (please attach the program's plan for individualized care)

Additional documentation or instruction may be provided.

Explain here:

The program may use (check all that apply; at least one **MUST** be selected):

- ☐ Form **OCFS-6029**, *Individual Allergy and Anaphylaxis Emergency Plan*
- ☐ Other: (please attach the program's plan for individualized care)

Additional documentation or instruction may be provided.

Explain here:

*This is a licensed/registered form and may be used for legally exempt purposes.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
--------------------	--------------	--	--------------

Section 3: Daily Health Checks

A daily health check will be done for each child when the child arrives at the program and whenever a change in the child's behavior and/or appearance is noted. The child must be awake when the check is done, and the following procedure will be used **(check one; at least one MUST be selected)**:

☐ See **Appendix A: Instructions for Daily Health Check**

☐ Other:

Explain here:

The daily health check will be documented in the following manner:

☐ OCFS form **LDSS-7026-1**, *Attendance Sheet for Enrolled Legally Exempt Child Care Program*

☐ Other: *(please attach form developed by the program)*

Staff will be familiar with the signs and symptoms of illness, communicable disease, and injury, as well as the exclusion criteria listed in the health care plan in Section 1.

Staff will keep a current knowledge of the *New York State Department of Health's list of communicable diseases (DOH-389)*, accessible at: health.ny.gov/forms/instructions/doh-389_instructions.pdf

Children will be monitored throughout the day. Parents will be notified immediately of any change in the child's condition or if the care of the child exceeds what the program can safely provide. If necessary, the program will make arrangements with the parents to obtain medical treatment. If a parent cannot be reached or if the child's condition warrants, emergency medical treatment will be obtained without delay by calling 911.

Any signs of illness, including allergic reactions and anaphylaxis, communicable disease, injury, and/or suspected abuse and maltreatment found will be documented and kept on file for each child in the following way **(check all that apply; at least one MUST be selected)**:

☐ In each child's file

☐ In a separate log

☐ Other:

Explain here:

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

The program will ensure that adequate staff are available to meet the needs of the ill child without compromising the care of the other children in the program.

Explain the procedures for caring for a child who develops symptoms of illness while in care.

Explain here:

Mandated reporters who have reasonable cause to suspect a child in care is being abused or maltreated will take the following actions:

- 1) Immediately make or cause to be made an oral report to the **mandated reporter hotline (1-800-635-1522)**.
- 2) File a written report using form **LDSS-2221A, *Report of Suspected Child Abuse or Maltreatment***, to the local Child Protection Services (CPS) within 48 hours of making an oral report.
- 3) After making the initial report, the reporting staff person must immediately notify the director or registrant of the center that the report was made.
- 4) Additional procedures *(if any)*:

Explain here:

Staff who are not mandated reporters but have reasonable cause to suspect that a child in care is being abused or maltreated, may report their concern to the Statewide Central Register of Child Abuse and Maltreatment at 1-800-342-3720. The hotline operates 24 hours a day, seven days a week.

The purpose of reporting is to identify suspected abuse and maltreatment of children as soon as possible, so that the children determined to be abused or maltreated can be protected from further harm. In addition, where appropriate, services can be offered to assist the families. The intervention of the appropriate local child protective service cannot begin until a report is made. By reporting, staff play a critical role in preventing any future abuse or maltreatment of the child.

If you want to learn more about how to identify possible child abuse and maltreatment, you may contact the child protective unit of your local department of social services.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Section 4: Staff Health Policies

The program will operate in compliance with all medical statement requirements as listed in 415.13(b)(8)(i)(d)

Any staff person or volunteer with signs and symptoms of illness that match the exclusion criteria for children listed in this health care plan will not care for children.

Section 5: Infection Control Procedures

The program will use the procedures in the attached appendices to reduce the risk of infection or attach an alternate for each area **(check all that apply; at least one MUST be selected for each category)**:

- Handwashing

☐ Appendix B
 ☐ Other (attach)
- Diapering Procedure

☐ Appendix C
 ☐ Other (attach)
- Safety precautions related to blood and bodily fluids

☐ Appendix D
 ☐ Other (attach and must include language noted in Appendix D)
- Cleaning, disinfecting, and sanitizing of equipment and toys

☐ Appendix E
 ☐ Other (attach)
- Gloving

☐ Appendix F
 ☐ Other (attach)

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Section 6: Emergency Procedures

If a child experiences a medical emergency, the program will obtain emergency medical treatment without delay by calling 911.

The director and all teachers must have knowledge of and access to children's medical records and all emergency information.

The poison control, fire department, local or state police or sheriff's department, and ambulance service telephone numbers must be conspicuously posted or readily accessible.

The program may use the following form to record emergency contact information for each child **(check one; at least one MUST be selected)**:

- ☐ OCFS form: **OCFS-LDSS-0792**, *Day Care Enrollment, "Blue Card"**
☐ Other: *(please attach form developed by the program)*

*This is a licensed/registered form and may be used for legally exempt purposes.

The program will keep current emergency contact information for each child in the following easily accessible location(s) **(check all that apply; at least one MUST be selected)**:

- ☐ The emergency bag
☐ On file
☐ Other:

Explain here:

In the event of a medical emergency, the program will follow **(check one; at least one MUST be selected)**:

- ☐ *Medical Emergency (Appendix G)*
☐ Other: *(Attach)*

Additional emergency procedures *(if needed)*:

Explain here:

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Section 7: First Aid Kit

First aid kits will be kept out of reach of children and restocked when items are used. The program will have at least one first aid kit.

The program's first aid kit(s) will be stored in the following area(s) in the program:

(It is recommended that a kit be taken on all trips off the program site and that a kit be kept in the emergency bag for use in the event of an emergency evacuation.)

Explain here:

The following are recommended items for a first aid kit, but is not limited to:

- Disposable gloves, preferably vinyl
- Sterile gauze pads of various sizes
- Sterile adhesive bandages
- Bandage tape
- Roller gauze
- Cold pack
- Soap
- Thermometer
- Tongue depressors
- First aid manual

List any additional items *(or substitutions for the recommended items listed above)* that will be stored in the first aid kit:

Staff will check the first aid kit contents and replace any expired, worn, or damaged items:

(check all that apply)

- ☐ After each use
- ☐ Monthly
- ☐ Other:

Explain here:

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

The program will **(check all that apply)**:

- ☐ Keep the following non-child-specific, over-the-counter topical ointments, lotions, creams, and sprays in the first aid kit: *(Programs must have parental permission to apply before using.)*

Explain here:

- ☐ Keep the following non-child-specific, over-the-counter medication in the first aid kit: *(Programs that plan to store over-the-counter medication given by any route other than topical **must** be approved to administer medication and have all appropriate permissions as required by regulation before administering the medication to a child.)*

Explain here:

- ☐ Keep non-child-specific epinephrine autoinjector medication (e.g., EpiPen®, Aquiviu) in the first aid kit. (Programs must be approved to stock epinephrine auto-injectors and have a staff member on-site who has successfully completed the OCFS-approved training as required by regulation before storing and administering the medication to a child.)

- ☐ Keep the following types of **child-specific** medication (e.g., EpiPen®, asthma inhalers) in the first aid kit: *(Programs **must** be approved to administer medication, with the exception of epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers, and have all appropriate permissions as required by regulation before storing and administering the medication to a child.)*

Explain here:

The program must check frequently to ensure these items have not expired.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Section 8: Program Decision on the Administration of Medication

The program has made the following decision regarding the administration of medication **(check all that apply; at least one MUST be selected):**

- ☐ The program **WILL** administer over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent.* *(Complete Sections 9-12.)*
- ☐ The program **WILL** administer patient specific epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.* *(Complete Sections 9-12, Appendix H.)*
- ☐ The program **WILL** administer stock non-patient-specific epinephrine auto-injectors. *(Complete Section 13, Appendix H, Appendix J.)*
- ☐ The program **WILL** administer medications that require the program to have this health care plan approved by a health care consultant* *(Complete Sections 9-15, Appendix H.)*

If the program will *not* administer medication (other than over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent and/or epinephrine auto-injectors, diphenhydramine in combination with the auto-injector, asthma inhalers, and nebulizers), explain how the needs of the child will be met if the child is taking medication that requires administration during program hours.

Explain here:

***Parent/Relative Administration**

A person who is a relative, at least 18 years of age (with the exception of the child's parents), who is within the third degree of consanguinity of the parents or stepparents of the child, even if the person is an employee or volunteer of the program, may administer medication to the child they are related to while the child is attending the program, even though the program is not approved to administer medication.

A parent/caretaker may designate an adult family member to administer medication to the child even if the program is not approved to administer medication. If medication is given to a child by a parent or a relative within the third degree of consanguinity of the parents or stepparents of the child during program hours, the dose and time of medication administration must be documented and may be documented in the following manner **(check one; at least one MUST be selected):**

- ☐ Form **OCFS-LDSS-7004*** *Log of Medication Administration*
- ☐ Other: *(please attach form developed by the program)*

*This is a licensed/registered form and may be used for legally exempt purposes.

DIRECTOR INITIALS	DATE / /	HCC INITIALS <i>(if applicable)</i>	DATE / /
-------------------	-------------	-------------------------------------	-------------

Section 9: Programs that WILL Administer Over-the-Counter Topical Ointments, Lotions and Creams, Sprays, Including Sunscreen Products and Topically Applied Insect Repellent, and/or Patient Specific Epinephrine Auto-injectors, Diphenhydramine in Combination with the Epinephrine Auto-injector, Asthma Inhalers and Nebulizers.

Over-the-Counter Topical Ointments, Lotions and Creams, Sprays including Sunscreen Products and Topically Applied Insect Repellent (TO/S/R).

The program will have parent permission to apply any over-the-counter TO/S/R.

Any over-the-counter TO/S/R will be applied in accordance with the package directions for use. If the parent's instructions do not match the package directions, the program will obtain health care provider or authorized prescriber instructions before applying the TO/S/R.

All over-the-counter TO/S/R will be kept in its original container. All child-specific TO/S/R will be labeled with the child's first and last names.

TO/S/R will be kept in a clean area that is inaccessible to children.

Explain here:

All leftover or expired TO/S/R will be given back to the child's parent for disposal. TO/S/R not picked up by the parent may be disposed of in a garbage container that is not accessible to children.

All over-the-counter TO/S/R applied to a child during program hours will be documented and maintained in the following way **(check all that apply; at least one MUST be selected)**:

- ☐ Form: **OCFS-LDSS-7004**,* *Log of Medication Administration*
- ☐ On a child-specific log *(please attach form developed by the program)*
- ☐ Other:

Explain here:

* This is a licensed/registered form and may be used for legally exempt purposes.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

All observable side effects will be documented. Parents will be notified immediately of any observed side effects. If necessary, emergency medical services will be called.

The program will **(check all that apply)**:

- ☐ Apply over-the-counter TO/S/R that parents supply for their child.
- ☐ Keep a supply of stock over-the-counter TO/S/R to be available for use on children whose parents have given consent.

These include the following:

Explain here:

Parent permission will be obtained before any non-child-specific, over-the-counter TO/S/R will be applied. Parents will be made aware that the TO/S/R being applied is not child-specific and may be used by multiple children.

The program will adhere to the following infection control guidelines whenever using non-child-specific TO/S/R:

- Hands will be washed before and after applying the TO/S/R.
- Care will be taken to remove the TO/S/R from the bottle or tube without touching the dispenser.
- An adequate amount of TO/S/R will be obtained so it is not necessary to get more once the employee has started to apply the TO/S/R. *(If additional TO/S/R must be dispensed after applying it to a child's skin, hands will be washed before touching the dispenser.)*
- Gloves will be worn when needed.
- TO/S/R that may be contaminated will be discarded in a safe manner.

It is the program's obligation to protect the children in care from injury. Part of this obligation includes the application of TO/S/R according to parent permission.

Describe the program's procedure for protecting children in the absence of parental permission to apply TO/S/R, such as sunscreen or insect repellent:

Explain here:

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Patient-Specific Epinephrine Auto-Injectors, Diphenhydramine in Combination with the Epinephrine Auto-Injector, Asthma Inhalers and Nebulizers.

Staff **NOT** authorized to administer medications may administer emergency care through the use of patient specific epinephrine auto-injector devices, diphenhydramine when prescribed for use in combination with the epinephrine auto-injector, asthma inhalers or nebulizers when necessary to prevent or treat anaphylaxis or breathing difficulty for an individual child, when the parent and the child's health care provider have indicated such treatment is appropriate.

In addition, the program will obtain the following:

- A written *Individual Health Care Plan for a Child with Special Health Care Needs* **must be submitted.** Form **OCFS-LDSS-7006*** **may be used to meet this requirement.** (See **Section 2: Children with Special Health Care Needs.**) Form **OCFS-6029, Individual Allergy and Anaphylaxis Emergency Plan**, for children with a known allergy, and the information on the child's **OCFS-LDSS-0792, Day Care Enrollment (Blue Card)**.
- An order from the child's health care provider to administer the emergency medication, including a prescription for the medication. The **OCFS-LDSS-7002, Medication Consent Form**, **may be used to meet this requirement.**
- Written permission from the parent to administer the emergency medication as prescribed by the child's health care provider. The **OCFS-LDSS-7002, Medication Consent Form, (Child Day Care Programs)** may be used to meet the requirement.
- Instruction on the use and administration of the emergency medication that has been provided by the child's parent, child's health care professional or a health care consultant.

* This is a licensed/registered form and may be used for legally exempt purposes.

Additionally:

- Staff who have been instructed on the use of the patient-specific epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be present during all the hours the child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan.
- The staff administering the epinephrine auto-injector, diphenhydramine, asthma medication or nebulizer must be at least 18 years old, unless the administrant is the parent of the child.
- Staff must immediately contact 911 after administering epinephrine.
- If an inhaler or nebulizer for asthma is administered, staff must call 911 if the child's breathing does not return to normal after its use.
- Storage, documentation of administration of medication and labeling of epinephrine auto-injector, asthma inhaler and asthma nebulizer must be in compliance with all appropriate regulations.

Explain here:

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
--------------------	--------------	--	--------------

School-Age Children Exemptions for Carrying and Administering Medication

When a program has agreed to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or a patient specific epinephrine auto-injector for anaphylaxis, a school-age child may carry and use these devices during day care hours if the program secures written permission of such use from a duly authorized health care provider or licensed prescriber, and written parental consent, and completes form **OCFS-LDSS-7006**, *Individual Health Care Plan for a Child With Special Health Care Needs for the child*.

The program must maintain on-site:

OCFS LDSS 7006, *Individual Health Care Plan for a Child with Special Health Care Needs*; and **OCFS LDSS 7002**, *Written Medication Consent Form* denoting parental permission and health care provider or licensed prescriber instructions documenting permission for a school-age child to carry an inhaler or auto-injector.

Child Care Program's Name (please print):		CCFS ID #:	
Authorized Signature:	Authorized Name (please print):	Date: / /	

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Section 10: For Programs that WILL Administer Medication

The program will administer prescription and non-prescription medication by all routes covered in the medication administration training (MAT) course (*oral, topical, eye, ear and inhaled medications, medicated patches, and epinephrine via a patient specific epinephrine auto-injector device*).

The program will administer medication in accordance with the OCFS child day care regulations. Only a staff person who has completed the appropriate training or has appropriate licensure and is listed as a medication administrant in this health care plan will be permitted to administer medication in the program, with the exception of over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent, and/or emergency medications – patient specific epinephrine auto-injectors, diphenhydramine when prescribed in combination with the epinephrine auto-injector, asthma inhalers and nebulizers.

Section 11. Trained Administrants

Appendix H must be completed if the program plans to apply for an enhanced rate and/or administer medication and/or epinephrine auto-injectors.

Any individual listed in **Appendix H** as a medication administrant is approved to administer medication using the following routes: topical, oral, inhaled, eye and ear, medicated patches and epinephrine using a **patient specific** auto-injector device.

If a child in the program requires medication rectally, vaginally, by injection or by another route not listed above, the program will only administer such medication in accordance with the child care regulations.

Any individual listed in **Appendix H**, has trained to administer a non-child-specific, stock epinephrine auto-injector can only dispense this medication if they meet the additional training requirements outlined in **Appendix J**.

To be approved to administer medication, other than over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent, all individuals listed in the health care plan must be at least 18 years of age and have a valid **Medication Administration Training (MAT) certificate**.

- Cardiopulmonary resuscitation (CPR) certificate **that** covers all ages of children the program is approved to care for as listed on the program's enrollment application.
- First aid certificate that covers all ages of children the program is approved to care for as listed on the program's enrollment application.

—OR—

- Exemption from the training requirements as per regulation.

The individual(s) listed in the health care plan as medication administrant(s) may only administer medication when the medication labels, inserts, instructions, and all related materials are written in the language(s) in which the medication administrant(s) is literate.

All medication administrant(s) will match the "Five Rights" (*child, medication, route, dose, and time*) in accordance with regulations and best practice standards whenever administering medication.

ONLY COMPLETE IF THE PROGRAM WILL ADMINISTER MEDICATIONS

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (<i>if applicable</i>):	DATE: / /
--------------------	--------------	---	--------------

Section 12. Forms and Documentation Related to Medication Administration

All medication consents and medication logs will be kept in the following location:

- ☐ Child's file
- ☐ Medication log book
- ☐ Other:

Explain here:

Medication consent form (**check all that apply; at least one MUST be selected**):

- ☐ The program will accept permission and instructions to administer medication. The form **OCFS-LDSS-7002**,* *Medication Consent Form (Child Day Care Programs)*, may be used to meet this requirement.
- ☐ Permission and instructions NOT received on the OCFS form will be accepted on a health care provider's document on the condition that the required medication-related information is complete.
- ☐ Other: *(please attach form developed by the program)*

* This is a licensed/registered form and may be used for legally exempt purposes.

Medication consent forms for ongoing medication must be renewed as required by regulation. How often will you review written medication permissions and instructions to verify they are current and have not expired?

Explain here:

All medication administered to a child during program hours will be documented.

The program may use the following form to document the administration of medication during program hours (**check one; at least one MUST be selected**):

- ☐ Form **OCFS-LDSS-7004**,* *Log of Medication Administration*
- ☐ Other: *(please attach form developed by the program)*

* This is a licensed/registered form and may be used for legally exempt purposes.

ONLY COMPLETE IF THE PROGRAM WILL ADMINISTER MEDICATIONS

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

All observable side effects will be documented. Parents will be notified immediately of any observed side effects. If necessary, emergency medical services will be called.

The program will document whenever medication is not given as scheduled. The date, time, and reason for this will be documented. Parents will be notified immediately. If the failure to give medication as scheduled is a medication error, the program will follow all policies and procedures related to medication errors. (See **Section 14 Medication Errors**.)

Verbal Permissions and Instructions

The program's policy regarding the acceptance of verbal permission and instructions when a parent is not able to provide the program with written permission and instructions is as follows (**check one; at least one MUST be selected**):

- ☐ The program **WILL NOT** accept verbal permission or instructions. All permission and instructions must be received in writing.
- ☐ The program **WILL** accept verbal permission from the parent and verbal instructions from the health care provider only to the extent permitted by OCFS regulation.
(Only those individuals approved in the health care plan to administer medication will accept verbal permission and instructions for all medication except over-the-counter topical ointments, lotions and creams, and sprays, including sunscreen products and topically applied insect repellent.)

If the program **WILL** accept verbal permissions and instructions, the program will document the verbal permission and instructions received and the administration of the medication. The following form may be used to meet this requirement (**check one; at least one MUST be selected**):

- ☐ Form **OCFS-LDSS-7003**,* *Verbal Medication Consent Form and Log of Administration*
- ☐ Other: *(please attach form developed by the program)*

* This is a licensed/registered form and may be used for legally exempt purposes.

ONLY COMPLETE IF THE PROGRAM WILL ADMINISTER MEDICATIONS

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
--------------------	--------------	--	--------------

Section 13. Stocking, Handling, Storing and Disposing of Medication

All child-specific medication must be properly labeled with the child's first and last name and be accompanied by the necessary parent permission and, when applicable, health care provider instructions in accordance with OCFS regulations before it will be accepted from the parent.

Non-child-specific, over-the-counter medication **(check one; at least one MUST be selected)**:

- ☐ Will not be stocked at the program.
- ☐ Will be stocked at the program.
(The procedure for stocking this medication must comply with regulation.)

Non-child-specific epinephrine auto-injector medication: **(check one; at least one MUST be selected)**:

- ☐ Will not be stocked at the program.
- ☐ Will be stocked at the program.

(The procedure for stocking this medication must comply with regulation).

All medication will be kept in its original labeled container.

Medication must be kept in a clean area that is inaccessible to children. Explain where medication will be stored. Note any medications, such as epinephrine auto-injectors or asthma inhalers, which may be stored in a different area.

Explain here:

Medication requiring refrigeration will be stored **(check all that apply; at least one MUST be selected)**:

- ☐ In a medication-only refrigerator located: _____
- ☐ In a food refrigerator in a separate leak-proof container that is inaccessible to children.

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATIONS AND/OR NON-PATIENT SPECIFIC EPINEPHRINE

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
--------------------	--------------	--	--------------

CONTROLLED SUBSTANCES

All medications with a pharmacy label identifying the contents as a controlled substance are regulated by the Federal Drug Enforcement Agency. These medications will be (check all that apply; at least one **MUST** be selected):

- ☐ Stored in a locked area with limited access.
- ☐ Counted when receiving a prescription bottle from a parent or caretaker.
- ☐ Counted each day if more than one person has access to the area where they are stored.
- ☐ Counted before being given back to the parent for disposal.
- ☐ Other:
- ☐ N/A - no medication on-site.

Explain here:

EXPLAIN WHERE CONTROLLED SUBSTANCES WILL BE STORED AND WHO WILL HAVE ACCESS TO THESE MEDICATIONS:

Explain here:

EXPIRED MEDICATION

The program will check for expired medication (check one; at least one **MUST** be selected):

- ☐ Weekly
- ☐ Monthly
- ☐ Other:

Explain here:

MEDICATION DISPOSAL

All leftover or expired medication will be given back to the child's parent for disposal. Medication not picked up by the parent may be disposed of in a safe manner. Stock medication will be disposed of in a safe manner or as outlined in **Appendix J**.

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATIONS AND/OR NON-PATIENT SPECIFIC EPINEPHRINE

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS <i>(if applicable)</i> :	DATE: / /
--------------------	--------------	--	--------------

Section 14. Medication Errors

The parent must be notified immediately and OCFS must be notified within 24 hours of any medication administration errors. Notification to OCFS must be reported on a form provided by OCFS or on an approved equivalent. The program will maintain confidentiality of all children involved.

When any medication error occurs, the program:

- May encourage the child's parent to contact the child's health care provider when the error occurs.
- Will notify OCFS as soon as possible, but no later than 24 hours of any medication error.
- Will complete the form **OCFS-LDSS-7005**, * *Medication Error Report Form*, or approved equivalent, to report all medication errors that occur in the program. If more than one child is involved in the error, the program will complete a **OCFS-LDSS-7005**, *Medication Error Report Form* for each child involved.

* This is a licensed/registered form and may be used for legally exempt purposes.

In addition, the program will notify these additional people (*e.g., the program's health care consultant*).
If no additional notifications, put N/A in this section.

List here:

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATIONS

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (<i>if applicable</i>):	DATE: / /
--------------------	--------------	---	--------------

Section 15. Health Care Consultant Information and Statement

Section 15 must be completed by the health care consultant (HCC) if the program will administer medication.

HCC Information:

Name of HCC (Please print clearly):		
Profession: (An HCC must have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.) Check all that apply; at least one MUST be selected:	<input type="checkbox"/> Physician	License number: Exp. Date: / /
	<input type="checkbox"/> Physician Assistant	License number: Exp. Date: / /
	<input type="checkbox"/> Nurse Practitioner	License number: Exp. Date: / /
	<input type="checkbox"/> Registered Nurse	License number: Exp. Date: / /

As the program's health care consultant, I will:

- Review and approve the program's health care plan. My approval of the health care plan indicates that the policies and procedures described herein are safe and appropriate for the care of the categories of children in the program.
- Notify the program if I revoke my approval of the health care plan. If I choose to do so, I may also notify the New York State Office of Children and Family Services (OCFS) of this revocation at **1-800-732-5207** (or, in New York City, I may contact the local borough office for that program) or send written notification to OCFS.
- Notify the program immediately if I am unable to continue as the health care consultant of record.

In addition, as the program's health care consultant, I will:

- Verify that all staff authorized to administer medication have the necessary professional credentials or have successfully completed all required trainings as per the NYS OCFS day care regulations (*MAT, age-appropriate CPR and first aid training, emergency medication, epinephrine auto-injector*).

Other:

Explain here:

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (<i>if applicable</i>):	DATE: / /
--------------------	-----------------	---	-----------------

ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATIONS

Health Care Consultant Review of Health Care Plan

For programs offering administration of medication, the program's health care consultant (HCC) must visit the program at least once every year. This visit will include:

- A review of the health care policies and procedures.
- A review of documentation and practice.
- An evaluation of the program's ongoing compliance with the health care plan (HCP) and policies annually.

HCP review date	HCC Signature
/ /	
/ /	
/ /	
/ /	

I approve this health care plan as written as of the date indicated below my signature:

Health Care Consultant Signature:	
Health Care Consultant Name (<i>please print</i>):	
Date: / /	

Section 16. Confidentiality Statement

Information about any child in the program is confidential and will not be given to anyone except OCFS, its designees or other persons authorized by law.

Health information about any child in the program will be given to the social services district upon request if the child receives child care assistance or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (<i>if applicable</i>):	DATE: / /
--------------------	--------------	---	--------------

Section 17. Americans with Disabilities Act (ADA) Statement for Programs

The program will comply with the provisions of the Americans with Disabilities Act. If any child enrolled in the program now or in the future is identified as having a disability covered under the Americans with Disabilities Act, the program will assess the ability of the program to meet the needs of the child. If the program can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, the program will follow the steps required to have the program approved to administer medication.

Section 18. Enrolled Legally Exempt Group Program Statement

It is the program's responsibility to follow the health care plan and all child care regulations.

The program's health care plan will be given to parents at admission and whenever changes are made, and the health care plan will be made available to parents upon request.

As provided for in Section 15, the program will have a health care consultant (HCC) of record who will annually review and approve the policies and procedures described in this health care plan as appropriate for providing safe care for children. The HCC will have a valid NYS license to practice as a physician, physician assistant, nurse practitioner or registered nurse.

The program will notify the HCC (if applicable) and the enrollment agency of all new staff approved to administer medication and have the HCC review and approve their certificates before the individual is allowed to administer medication to any child in day care.

The program will notify the enrollment agency immediately if the health care plan is revoked for any reason by the HCC. A program authorized to administer medication, which has had the authorization to administer medication revoked, or otherwise loses the ability to administer medication, must advise the parent of every child in care before the next day the program operates that the program no longer has the ability to administer medication.

The HCC (if applicable) and the enrollment agency must review and approve the health care plan as part of the enrollment process. The program must **document in Appendix I** and notify the enrollment agency of any change in the HCC of record. If the HCC terminates their relationship with the program, the program must notify the enrollment agency and will have 60 days to obtain a new HCC. The new HCC must also review and approve the health care plan. If the program does not obtain approval of the health care plan by the new HCC within 60 days, the program will no longer be able to administer medication.

The HCC (if applicable) and the enrollment agency must review and approve any changes or revisions to the health care plan before the program can implement the changes, including additions or changes to individuals listed in the health care plan as medication administrant(s). The program will notify the HCC and enrollment agency of changes in medication administrant credentials and the termination of medication administrant(s) at the program, including MAT, emergency medication and stock epinephrine auto-injectors.

Once the HCC (if applicable) and the enrollment agency approve the health care plan, the program will notify parents of the health care plan.

CHILD CARE PROGRAM'S NAME (PLEASE PRINT):		CCFS ID #:
AUTHORIZED SIGNATURE:	AUTHORIZED NAME (PLEASE PRINT):	DATE: / /

DIRECTOR INITIALS:	DATE: / /	HEALTH CARE CONSULTANT (HCC) INITIALS (if applicable):	DATE: / /
--------------------	--------------	--	--------------

Appendix A:

Instructions for Doing a Daily Health Check

A daily health check occurs when a child arrives at the program and whenever a change in a child's behavior and/or appearance is noted. The child must be awake so an accurate assessment can be done. Check the following while at the child's level so you can interact with the child when talking with the parent:

1. Child's behavior: Is it typical or atypical for time of day and circumstances?
2. Child's appearance:
 - Skin: pale, flushed, rash (*feel the child's skin by touching affectionately*)
 - Eyes, nose, and mouth: Note color; are they dry or is there discharge? Is child rubbing eye, nose, or mouth?
 - Hair (In a lice outbreak, look for nits within ¼" of the scalp.)
 - Breathing: normal or different; cough
3. Check with the parent:
 - How did the child seem to feel or act at home?
 - Sleeping normally?
 - Eating/drinking normally? When was the last time the child ate or drank?
 - Any unusual events?
 - Bowels and urine normal? When was the last time the child used the toilet or was changed?
 - Has the child received any medication or treatment?
4. Any evidence of illness or injury since the child was last participating in child care?
5. Any indications of suspected child abuse or maltreatment?

Document that the daily health check has been completed. **LDSS-4443**, *Child Care Attendance Sheet*, may be used to meet this requirement.

Any signs of illness, communicable disease, injury and/or suspected abuse and maltreatment found will be documented and kept on file for each child in accordance with **Section 3: Daily Health Checks**.

Appendix B:

Handwashing

Staff and volunteers must thoroughly wash their hands with soap and running water:

- At the beginning of each day.
- Before and after the administration of medications.
- When they are dirty.
- After toileting or assisting children with toileting.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

Staff and volunteers must ensure that children thoroughly wash their hands or assist children with thoroughly washing their hands with soap and running water:

- When they are dirty.
- After toileting.
- Before and after food handling or eating.
- After handling pets or other animals.
- After contact with any bodily secretion or fluid.
- After coming in from outdoors.

All staff, volunteers, and children will wash their hands using the following steps:

- 1) Moisten hands with water and apply liquid soap.
- 2) Rub hands with soap and water for at least 30 seconds -- remember to include between fingers, under and around fingernails, backs of hands, and scrub any jewelry.
- 3) Rinse hands well under running water with fingers down so water flows from wrist to fingertips.
- 4) Leave the water running.
- 5) Dry hands with a disposable paper towel or approved drying device.
- 6) Use a towel to turn off the faucet and, if inside a toilet room with a closed door, use the towel to open the door.
- 7) Discard the towel in an appropriate receptacle.
- 8) Apply hand lotion, if needed.

When soap and running water are not available and hands are visibly soiled, individual wipes may be used in combination with hand sanitizer.

Appendix C:**Diapering**

Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas.

Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.

Diapers will be changed using the following steps:

- 1) Collect all supplies but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves, and a plastic bag for any soiled clothes.
- 2) Wash hands and put on gloves. Avoid contact with soiled items. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the baby to the changing table, keeping soiled clothing from touching the staff member's or volunteer's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
- 3) Unfasten the diaper but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and later report any skin problems.
- 4) Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined, covered, or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
- 5) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
- 6) Remove your gloves and put them directly into the covered or lidded can.
- 7) Slide a clean diaper under the baby. If skin products are used, put on gloves, and apply product. Dispose of gloves properly. Fasten the diaper.
- 8) Dress the baby before removing the baby from the diapering surface.
- 9) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for handwashing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Take the child back to the child care area.
- 10) Clean and disinfect the diapering area:
 - Dispose of the table liner into the covered or lidded can.
 - Clean any visible soil from the changing table.
 - Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces.
 - Leave the product on the surface for time required on the label, then wipe the surface or allow it to air dry.
- 11) Wash hands thoroughly.
- 12) Clean any visible soil from the changing table.
- 13) Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces.

Appendix D:

Safety Precautions Related to Blood

Safety precautions relating to blood and other bodily fluids must be observed. Providers have the option to establish their own policies, which must include the following:

- a) Disposable gloves must be immediately available and worn whenever there is a possibility for contact with blood or blood-contaminated body fluids.
- b) Staff are to be careful not to get any of the blood or blood-contaminated body fluids in their eyes, nose, mouth or any open sores.
- c) Clean and disinfect any surfaces, such as countertops and floors, onto which blood has been spilled.
- d) Discard blood-contaminated material and gloves in a plastic bag that has been securely sealed. Clothes contaminated with blood must be returned to the parent at the end of the day.
- e) Wash hands using the proper handwashing procedures.

In an emergency, a child's well-being takes priority. A bleeding child will not be denied care even if gloves are not immediately available.

Appendix E:

Cleaning, Sanitizing and Disinfecting

Equipment, toys, and objects used or touched by children will be cleaned and sanitized or disinfected, as follows:

1. Equipment that is frequently used or touched by children on a daily basis must be cleaned and then sanitized or disinfected, using an Environmental Protection Agency (EPA)-registered product, when soiled and at least once weekly.
2. Carpets contaminated with blood or bodily fluids must be spot cleaned.
3. Countertops, tables, and food preparation surfaces (*including cutting boards*) must be cleaned and sanitized before and after food preparation and eating.
4. Toilet facilities must be kept clean at all times, and must be supplied with toilet paper, soap, and towels accessible to the children.
5. All rooms, equipment, surfaces, supplies, and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA-registered product following label direction for that purpose, as needed to protect the health of children.
6. Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product following label direction for that purpose before use by another child.

Sanitizing and Disinfecting Solutions

Unscented chlorine bleach is the most commonly used sanitizing and disinfecting agent, because it is affordable and easy to get. The State Sanitary Code measures sanitizing or disinfecting solution in “parts per million,” but programs can make the correct strength sanitizing or disinfecting solution (*without having to buy special equipment*) by reading the label on the bleach container and using common household measurements.

Read the Label

Sodium hypochlorite is the active ingredient in chlorine bleach. Different brands of bleach may have different amounts of this ingredient: *the measurements shown in this appendix are for bleach containing 6 percent to 8.25 percent sodium hypochlorite*. The only way to know how much sodium hypochlorite is in the bleach is by reading the label. Always read the bleach bottle to determine its concentration before buying it. If the concentration is not listed, you should not buy that product.

Use Common Household Measurements

Using bleach that contains 6 percent to 8.25 percent sodium hypochlorite, programs need to make two standard recommended bleach solutions for spraying nonporous or hard surfaces and a separate solution for soaking toys that have been mouthed by children. Each spray bottle should be labeled with its respective mixture and purpose. Keep it out of children’s reach. The measurements for each type of sanitizing or disinfecting solution are specified on the next page.

SPRAY BLEACH SOLUTION #1 (for food contact surfaces)

Staff will use the following procedures for cleaning and sanitizing nonporous hard surfaces such as tables, countertops, and highchair trays:

1. Wash the surface with soap and water.
2. Rinse until clear.
3. Spray the surface with a solution of **½ teaspoon of bleach to 1 quart of water** until it glistens.
4. Let sit for two minutes.
5. Wipe with a paper towel or let air-dry.

SPRAY BLEACH SOLUTION #2 (for diapering surfaces or surfaces that have been contaminated by blood or bodily fluids)

Staff will use the following procedures for cleaning and disinfecting diapering surfaces or surfaces that have been contaminated by blood or bodily fluids:

1. Put on gloves.
2. Wash the surface with soap and water.
3. Rinse in running water until the water runs clear.
4. Spray the surface with a solution of **1 tablespoon of bleach to 1 quart of water** until it glistens
5. Let sit for two minutes.
6. Wipe with a paper towel or let air-dry.
7. Dispose of contaminated cleaning supplies in a plastic bag and secure.
8. Remove gloves and dispose of them in a plastic-lined receptacle.
9. Wash hands thoroughly with soap under running water.

SOAKING BLEACH SOLUTION (for sanitizing toys that have been mouthed)

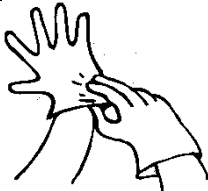
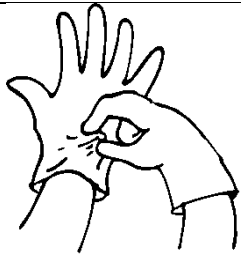
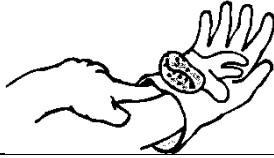
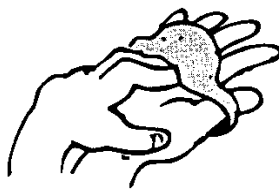

Staff will use the following procedure to clean and sanitize toys that have been mouthed by children:

1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard-to-reach places.
2. Rinse in running water until water runs clear.
3. Place toys in soaking solution of **1 teaspoon of bleach to 1 gallon of water**.
4. Soak for five minutes.
5. Rinse with cool water.
6. Let toys air-dry.

When sanitizing or disinfecting equipment, toys, and solid surfaces the program will use **(check all that apply; at least one MUST be selected)**:

- ☐ EPA-registered product approved for sanitizing and disinfecting, following manufacturer instructions for mixing and application.
- ☐ Bleach solution made fresh each day
 - Spray solution #1: **½ teaspoon of bleach to 1 quart of water**
 - Spray solution #2: **1 tablespoon of bleach to 1 quart of water**.
 - Soaking solution: **1 teaspoon of bleach to 1 gallon of water**.

Appendix F: Gloving

DONNING	
1. Wash hands.	
2. Put on a clean pair of gloves. Do not reuse gloves.	
REMOVAL and DISPOSAL	
1. Remove the first glove by pulling at the palm and stripping the glove off. The entire outside surface of the gloves is considered dirty. Have dirty surfaces touch dirty surfaces only.	
2. Ball up the first glove in the palm of the other gloved hand.	
3. Use the non-gloved hand to strip the other glove off. Insert a finger underneath the glove at the wrist and push the glove up and over the glove in the palm. The inside surface of your glove and your ungloved hand are considered clean. Be careful to touch clean surfaces to clean surfaces only. <i>Do not touch the outside of the glove with your ungloved hand.</i>	
4. Drop the dirty gloves into a plastic-lined trash receptacle.	
5. Wash hands.	

Glove use does not replace handwashing. Staff must always wash their hands after removing and disposing of medical gloves.

Appendix G:

Medical Emergency

- Remain calm. Reassure the child (victim) and the other children at the scene.
- If the area is unsafe, move to a safe location.
- Follow first aid and/or CPR protocols.
- Call for emergency medical services/911. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. If an accidental poisoning is suspected, contact the **National Poison Control Hotline at 1-800-222-1222** for help.
- Follow instructions given by the emergency operator.
- Send emergency contact information and permission to obtain emergency care when the child is transported for emergency care.
- Notify parent of the emergency as soon as possible. If the parent can't be reached, notify the child's emergency contact person.
- After the needs of the child and all others in care have been met, immediately notify OCFS if the emergency involved death, serious incident, serious injury, serious condition, communicable illness (as per the *New York State Department of Health list [DOH-389]* accessible at health.ny.gov/forms/instructions/doh-389_instructions.pdf) or transportation to a hospital, of a child which occurred while the child was in care at the program or was being transported by a caregiver.

Appendix H:

Trained Adminstrant

ENROLLMENT / CCFS ID NUMBER:	IF THIS FORM IS SUBMITTED TO OCFS SEPARATE FROM THE HEALTH CARE PLAN, INDICATE DATE OF SUBMISSION: / /
------------------------------	--

A copy of this form can be sent in separately to OCFS if the program's health care plan has already been approved and the only change to the plan is the addition or removal of a medication adminstrant or an update to information for a current medication adminstrant. With any medication adminstrant addition, removal or change, the program's health care consultant and OCFS must be notified.

All staff listed as medication adminstrant(s) must have first aid and CPR certificates that cover the ages of the children in care. Documentation of age-appropriate first aid and CPR certificates will be kept on-site and is available upon request.

Use the chart below to identify staff trained in CPR to administer OTC medications, non-patient-specific emergency medications and/or patient-specific prescribed medications.

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Additional Staff Information (as applicable):

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

Name:	A=Add R=Remove C=Change	MAT Exp date	CPR Exp date	First Aid Exp date	EMAO (Emergency Medication Administration Overview) Date/Initials	Stock Epi Date
Original	Add	/ /	/ /	/ /	/ / ,	/ /
Language						
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
Renewal		/ /	/ /	/ /	/ /	/ /
HCC Initials:		Date: / /				

The following individual(s) has a professional license or certificate that exempts them from the training requirements to administer medication. Copies of each individual's credentials are attached and will be sent to OCFS.

Name:	License/ Certificate (check one):	<input type="checkbox"/> EMT-CC <input type="checkbox"/> RN	<input type="checkbox"/> EMT-I <input type="checkbox"/> NP	<input type="checkbox"/> EMT-P <input type="checkbox"/> PA	<input type="checkbox"/> LPN <input type="checkbox"/> MD	<input type="checkbox"/> DO
	A=Add R=Remove C=Change	License Exp date	CPR Exp date	HCC Initials	Date	
Original	Add	/ /	/ /		/ /	
Language						
Renewal		/ /	/ /		/ /	
Renewal		/ /	/ /		/ /	
Renewal		/ /	/ /		/ /	

Name:	License/ Certificate (check one):	<input type="checkbox"/> EMT-CC <input type="checkbox"/> RN	<input type="checkbox"/> EMT-I <input type="checkbox"/> NP	<input type="checkbox"/> EMT-P <input type="checkbox"/> PA	<input type="checkbox"/> LPN <input type="checkbox"/> MD	<input type="checkbox"/> DO
	A=Add R=Remove C=Change	License Exp date		A=Add R=Remove C=Change	License Exp date	
Original	Add	/ /	/ /		/ /	
Language						
Renewal		/ /	/ /		/ /	
Renewal		/ /	/ /		/ /	
Renewal		/ /	/ /		/ /	

Name:	License/ Certificate (check one):	<input type="checkbox"/> EMT-CC <input type="checkbox"/> RN	<input type="checkbox"/> EMT-I <input type="checkbox"/> NP	<input type="checkbox"/> EMT-P <input type="checkbox"/> PA	<input type="checkbox"/> LPN <input type="checkbox"/> MD	<input type="checkbox"/> DO
	A=Add R=Remove C=Change	License Exp date		A=Add R=Remove C=Change	License Exp date	
Original	Add	/ /	/ /		/ /	
Language						
Renewal		/ /	/ /		/ /	
Renewal		/ /	/ /		/ /	
Renewal		/ /	/ /		/ /	

APPENDIX H ♦ ONLY COMPLETE THIS SECTION IF THE PROGRAM WILL ADMINISTER MEDICATION

Use this section to record the date and page number(s) of any revisions made to the original health care plan. When a revision (*change, addition, or deletion*) is made to the original health care plan, record the date the change was made and then write the page numbers affected by the change and submit to OCFS.

[illegible]

Appendix J:**Administration of Non-Patient-Specific Epinephrine Auto-Injector Device**

- ☐ The program will purchase, acquire, possess, and use non-patient-specific epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.

The program agrees to the following:

- The program will designate one or more employee(s) or caregiver(s) who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the non-patient-specific epinephrine auto-injector devices acquired by the program. The designated employee(s) or caregiver(s) may not use a non-patient-specific epinephrine auto-injector device on behalf of the program until they have successfully completed a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization experienced in training laypersons in emergency health treatment or by an entity or individual approved by DOH, or is directed in a specific instance to use an epinephrine auto-injector device by a health care practitioner who is authorized to administer drugs and who is acting within the scope of their practice. The required training must include: (i) how to recognize signs and symptoms of severe allergic reactions, including anaphylaxis; (ii) recommended dosage for adults and children; (iii) standards and procedures for the storage and administration of an epinephrine auto-injector; and (iv) emergency follow-up procedures.
- Verification that each designated employee or caregiver has successfully completed the required training will be kept on-site and available to OCFS or its representatives.
- Each designated employee or caregiver will be recorded on Appendix H and updated as needed.
- The program will obtain a non-patient-specific prescription for an epinephrine auto-injector device from a health care practitioner or pharmacist who is authorized to prescribe an epinephrine auto-injector device.
- The program will obtain the following epinephrine auto-injector devices (check all that apply):
 - ☐ Adult dose (0.3 mg) for persons 66 lbs. or more.
 - ☐ Pediatric dose (0.15 mg) for persons who are 33- 66 lbs.
 - ☐ Infant/Toddler dose (0.1 mg) for persons who are 16.5-33 lbs.
- For children weighing less than 16.5 lbs., the program will **NOT** administer an epinephrine auto-injector device but will call 911.
- The program will check the expiration dates of the epinephrine auto-injector devices and dispose of units before each expires. How often will the program check the expiration date of these units?
 - ☐ Every three months
 - ☐ Every six months
 - ☐ Other:

- Specify name and title of staff responsible for inspection of units:
- The program will dispose of expired epinephrine auto-injectors at:
 - ☐ A licensed pharmacy, health care facility or a health care practitioner's office.
 - ☐ Other
- The program understands that it must store the epinephrine auto-injector devices in accordance with all of the following:
 - In its protective plastic carrying tube in which it was supplied (original container).
 - In a place that is easily accessed in an emergency.
 - In a place inaccessible to children.
 - At room temperature between 68 and 77 degrees.
 - Out of direct sunlight.
 - In a clean area.
 - Stored separately from child-specific medication.
- Specify location where devices will be kept:
- Stock medication labels must have the following information on the label or in the package insert:
 - Name of the medication.
 - Reasons for use.
 - Directions for use, including route of administration.
 - Dosage instructions.
 - Possible side effects and/or adverse reactions, warnings, or conditions under which it is inadvisable to administer the medication, and expiration date.
- The program will call 911 immediately and request an ambulance after the designated employee or caregiver administers the epinephrine auto-injector device.
- An **OCFS-LDSS-7004, *Log of Medication Administration***, will be completed after the administration of the epinephrine auto-injector to any day care child.
- In the event that an epinephrine auto-injector is administered to a child experiencing anaphylaxis, the program will report the incident immediately to the parent of the child and OCFS (regional or borough office). The following information should be reported:
 - Name of the epinephrine auto-injector device.
 - Location of the incident.
 - Date and time epinephrine auto-injector device(s) was administered.
 - Name, age, and gender of the child (to OCFS only).
 - Number and dose of epinephrine auto-injector device administered.
 - Name of ambulance service transporting child.
 - Name of the hospital to which child was transported.

Program Name: _____

Facility ID Number: _____

Director or Provider Name (Print): _____

Director or Provider Signature: _____

Date: ____ / ____ / ____

Once completed, keep this form on-site as part of the health care plan, share with any health care consultant associated with the program and send a signed copy to your enrollment agency.